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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/760,587	10/760,587 01/21/2004		Atsushi Kitamura		118402	1117
TITLE OF INVENTION:	SPREAD ILLUMINAT	TING APPARATUS HAV	VING LIGHT CONVERG	ING MEANS		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	09/12/2007
EXAMI	NER	ART UNIT	CLASS-SUBCLASS			
DUNWIDDIE, MEGHAN K 2875		362-622000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3			
Number is required. 3 ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	printed. De)		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been f recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
MINEBEA CO., LTD. NAGANO, JAPAN						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🍱 Corporation or other private group entity 🗀 Government						
4a. The following fee(s) are submitted: ✓ Issue Fee ✓ Publication Fee (No small entity discount permitted) ✓ Advance Order - # of Copies			 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0461 (enclose an extra copy of this form). 			
5. Change in Entity Stat	us (from status indicate s SMALL ENTITY stat		☐ b. Applicant is no lon	ger claiming SMAL	L ENTITY status. See 37 C	FR 1.27(g)(2).
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Authorized Signature			Date9/12/07			
Typed or printed name K. Jones			Registration No. 56,809			
This collection of inform an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V	ation is required by 37 (iality is governed by 35 lapplication form to thous for reducing this buirginia 22313-1450. Do				ne public which is to file (an ninutes to complete, includi mments on the amount of ti Trademark Office, U.S. Deg SEND TO: Commissioner displays a valid OMB contro	d by the USPTO to process) ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450, d number.